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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/533,577
	<b>Filing Date</b>	DECEMBER 9, 2005
	<b>First Named Inventor</b>	NOEL WILLIAM LOVISA
	<b>Title</b>	SERVICE IMPLEMENTATION
	<b>Art Unit</b>	2817
	<b>Examiner Name</b>	NOT ASSIGNED
	<b>Attorney Docket Number</b>	340512-900306

I hereby appoint:

☒ Practitioners associated with Customer Number:  
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73230

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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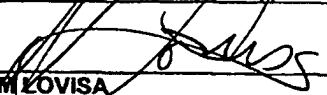
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<input checked="" type="checkbox"/> Firm or Individual Name	J.D. Harriman II				
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I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE(S) of Applicant or Assignee of Record

Signature <sup>1</sup>		Date	30/4/08
Name	NOEL WILLIAM LOVISA		

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required.

☒ Total of 1 forms are submitted.

\*PTO/SB/81 as modified by DLA Piper US LLP (4-2007)

Hello SD,

1.